

**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Cruz for President**

**A.** Full Name (Last, First, Middle Initial)  
**BARRY HOFFMAN**

Mailing Address 3122 NORTH COUNTRY CLUB RD.

City State Zip Code  
MUSKOGEE OK 74403-2319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
VA DENTIST

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
450.00

**Transaction ID : SA17.970546**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES STANLEY HOFFMAN**

Mailing Address 4900 TELEGRAPH ROAD, G. 53

City State Zip Code  
VENTURA CA 93003-8153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
205.00

**Transaction ID : SA17.969560**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LOIS A. HOFFMANN**

Mailing Address 6358 W. RIVER POINTE DRIVE

City State Zip Code  
FRANKLIN WI 53132-8024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

**Transaction ID : SA17.963674**

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2016

**CONTRIBUTION**

Amount of Each Receipt this Period  
85.00

**Subtotal Of Receipts This Page** (optional).....▶ 350.00

**Total This Period** (last page this line number only).....▶